



CITY OF COLFAX
Commercial Cannabis Business
Owner Background Application

33 S. Main Street
 Colfax, CA 95713
 (530) 346-2313

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION	BUSINESS NAME ON APPLICATION
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APPLICANT INFORMATION

Social Security Number <input type="text"/>	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SECURITY CARD
	LAST NAME ON CAL. DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LICENSE

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
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LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)	CELL PHONE #
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LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
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CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION. PLEASE CAREFULLY READ THE INFORMATION ON THE INSTRUCTION SHEET PRIOR TO FILLING OUT THE APPLICATION. ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE COMMERCIAL CANNABIS BUSINESS APPLICATION SHALL BE GROUNDS FOR DISQUALIFICATION.

1	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
4	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
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ADDITIONAL ARREST INFORMATION

5	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
x		

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant of Commercial Cannabis Business Permit in the City of Colfax. I desire and request the City Manager, or Chief of Police of the City of Colfax, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate with such business as required by the City Municipal Code and State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau of Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Colfax, its officers, agents, or lawfully delegated representatives, harmless from any action(s) or damages whatsoever or at all which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit.

Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Colfax Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE